

LIVINGSTON POLICE DEPARTMENT AUTHORIZATION TO RELEASE INFORMATION

TO: City of Livingston 414 East Callender Street Livingston, MT 59047

I am an applicant for the position of <u>Probationary Police Officer</u> with the City of Livingston, Montana. I am required to furnish information that this agency may use in determining my qualifications for this position. I understand that a thorough background and reference check will be conducted, including a criminal records check. I hereby give my consent for the City of Livingston and its representatives to conduct these checks, and expressly authorize the release of any and all information concerning me, including information of a confidential or privileged nature. Information received will be used only for employment application purposes.

I hereby release the City of Livingston and any organization, entity, company, institution or person furnishing information to the City of Livingston from any liability for damage which may result from furnishing any information requested.

This form must be completely filled out and signed or application will be rejected.

Print Full Name: Present Address: (Street) (City) (State) (Zip	(Applicant Signature)		(Date	(Date)	
(Street) (City) (State) (Zip	Print Full Name: _				
	Present Address:		(Street)		
Birth Date: Social Security Number	_	(City)	(State)	(Zip)	
	Birth Date:	Socia	l Security Number		